



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	10/613,911
Filing Date	July 5, 2003
First Named Inventor	Alexander Medvinsky
Group Art Unit	2136
Examiner Name	Hoffman, Brandon S.
Attorney Docket Number	D03041

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment/Reply

☒ Prior to Additional
Examination

☐ Affidavits/Declaration(s)

☒ Extension of time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Documents

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53

☐ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-Related papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation,
Change of Correspondence
Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CDs

Remarks

☐ After Allowance

Communication to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter with appropriate copies

☐ Other Enclosure(s) (please identify below)

☐ Response to Restriction Requirement

☐ Associate Power of Attorney

☒ RCE

☐ Copy of Notice to File Missing Parts

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature			
Date	September 26, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING

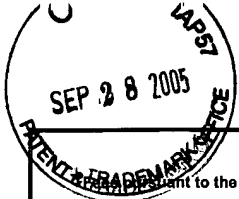
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name Carol J. Smith

Signature

Date

September 26, 2005



Effective on 12/08/2004

Subject to the Consolidated Appropriations Act. 2005 (H.R. 4818)

FEE TRANSMITTAL**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**910****Complete if Known**

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	
Design	200	100	100	50	130	
Plant	200	100	300	150	160	
Reissue	300	150	500	250	600	
Provisional	200	100	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Fee(\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims - 20 or HP= Extra Claims x = Fee Paid (\$)

Multiple Dependent Claims
Fee(\$) Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP= Extra Claims x = Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid(\$)
(round up to a whole number) x

4. OTHER FEE(S)

Fee Paid (\$)

Petition for 1 Mo Extension of Time
RCE

\$120
\$790

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-3223-1840
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Signature

Date

September 26, 2005